

SRF Disbursement Request Form

Participant Information

Name:	City of West Lafayette	SRF Loan Number:	WW 141079 07
DUNS Number:	04 455 2636	CCR Number:	6NKJ2
Request Number:	6		
Mailing Address:	711 West Navajo Street		
City:	West Lafayette	State:	IN
ZIP:	47906		
Contact Person:	Judith C. Rhodes, Clerk-Treasurer	Contact Phone Number:	765-775-5150
Authorized Representative:	Mayor John R. Dennis, or Cl-Tr J. Rhodes	Authorized Representative Phone Number:	765-775-5100

If requesting reimbursement to the Participant by wire transfer please provide the following information:

Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	

Loan Information

Description of work for which claim is being made (services, fees, type of work, etc.):	Sheraton and Fairway Knolls Lift Station Improvements		
Is any part of this claim funded by an alternate funding source?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds):		\$	
Is any part of this claim funded by the Indiana Brownfields Program?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has the Participant paid the request and is now seeking reimbursement?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are there Green Project Reserve components involved in this request?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please describe:			

Loan Financial Information

Original Loan Amount:		\$	2,610,000.00
Total Amount of Previous Disbursements:		\$	208,089.00
Balance Available After this Disbursement:		\$	2,400,061.00
Amount to Contractor for this Request:		\$	1,850.00

Is any part of this request a partial or final release of retainage to the contractor?

☐ YES ☒ NO

Contractor Name:	Withered Burns, LLP	DUNS Number:	
Mailing address:	PO Box 499		
City:	Lafayette	State:	IN
ZIP Code:	47902-0499		

Wiring Information:

Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	

Retainage Amount for this Request:

\$

Participant requests that the retainage amount be held by SRF:

☐

Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above:

☐

Participant requests that the retainage amount be sent to the following bank:

☐

Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	

Total Amount of this Request:

\$ 1,850.00

The undersigned hereby certifies this request for disbursement is, to the best of my knowledge and belief, true and accurate and made in accordance with the conditions of the project agreement, that the certified payrolls received in connection with any enclosed construction invoices are in compliance with the **Davis Bacon Act/ US Department of Labor requirements of 29 CFR 5.5(a)(1)**.

Authorized Representative Signature:		Date:	
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For Internal Use Only:

Approved By:		Date:		GPR	\$	
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Revised on July 1, 2014

Withered Burns, LLP

Attorneys at Law
P.O. Box 499
Lafayette, IN 47902-0499

Phone: (765) 742-1988
Fax#: (765) 742-8774
EIN#: 35-2007779

December 15, 2014

City of West Lafayette
609 W. Navajo
West Lafayette, IN 47906

File #: 6599
Inv #: 40024

Attention: Judy Rhodes Clerk-Treasurer

STATEMENT FOR SERVICES RENDERED

RE: City of West Lafayette - SRF Bond 2014

DATE	ATTORNEY	DESCRIPTION	HOURS
Dec-01-2014	ehb	Review closing documents,transmit for signatures at Morton	1.00
Dec-02-2014	ehb	Review numerous documents sent by Clerk staff for SRF preclosing	0.40
Dec-03-2014	ehb	Telephone call with bond counsel,review email re same and review documents received from remonstrator,begin document review to render opinion letter	1.90
Dec-05-2014	ehb	Review email from bond counsel re Opinion letter,telephone call to bond counsel re same,accumulate documents for review via Clerk staff,review and annotate same,draft opinion letter	3.70
Dec-09-2014	ehb	Conference with C. T. and Superintendent,continue opinion letter draft	0.50
Dec-10-2014	ehb	Review email from bond counsel,review notes from review of city file on Guaranteed Savings Contract, finalize and transmit opinion letter	1.70
Dec-12-2014	ehb	Review drafts of GSC Agreement and related documents from superintendent	0.50

ehb	Review numerous emails wiith closing and funding details amoung working group	0.30
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Total Fees	10.00	\$1,850.00
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FEE SUMMARY:

Lawyer	Hours	Effective Rate	Amount
Eric H. Burns	10.00	\$185.00	\$1,850.00

Total Fees & Disbursements	\$1,850.00
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Previous Balance	\$582.23
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Previous Payments	\$582.23
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Balance Due	\$1,850.00
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